

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter that is claimed and for which a patent is sought on the invention entitled TEST, the specification of which is attached hereto and claims priority from prior foreign patent application 0224559.5, filed October 22, 2002, in the United Kingdom.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with 37 C.F.R. § 1.56.

FOREIGN PRIORITY RIGHTS: I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or (f), or § 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below, and have also identified below any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Country	Serial Number	Filing Date	Priority Claimed?
United Kingdom	0224559.5	October 22, 2002	Yes

PROVISIONAL PRIORITY RIGHTS: I hereby claim priority benefits under 35 U.S.C. § 119(e) of any United States provisional patent application(s) listed below filed by an inventor or inventors on the same subject matter as the present application and having a filing date before that of the application(s) of which priority is claimed:

Serial Number	Filing Date	Status
		Pending

NON-PROVISIONAL PRIORITY RIGHTS: I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose all information I know to be material to patentability as defined in 37 C.F.R. § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

Serial Number	Filing Date	Status

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Paul T. Clark, Reg. No. 30,162; Karen L. Elbing, Ph.D., Reg. No. 35,238; Kristina Bieker-Brady, Ph.D., Reg. No. 39,109; Susan M. Michaud, Ph.D., Reg. No. 42,885; James D. DeCamp, Ph.D., Reg. No. 43,580; Jeffrey Ellison, Ph.D., Reg. No. 51,649; J. Cooper McDonald, Ph.D., Reg. No. 52,011; Jan Tittel, Ph.D., Reg. No. 52,290; Michael J. Belliveau, Ph.D., Reg. No. 52,608; R. Todd Armstrong, Ph.D., Reg. No. 54,590.

Address all telephone calls to: Susan M. Michaud, Ph.D. at 617-428-0200.

Address all correspondence to: Susan M. Michaud, Ph.D. at Clark & Elbing LLP, 101 Federal Street, Boston, MA 02110. **Customer No. 21559**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001, and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full Name (First, Middle, Last)	Residence Address (City, State, Country)	Post Office Address (Street, City, State, Country)	Citizenship
Steven Willem Jan Lamberts		Erasmus Medical Center Internal Medicine 3015 GD Rotterdam The Netherlands	Dutch
Signature:			Date:

Full Name (First, Middle, Last)	Residence Address (City, State, Country)	Post Office Address (Street, City, State, Country)	Citizenship
Elisabeth Francisca Charlotte Van Rossum		Erasmus Medical Center Internal Medicine 3015 GD Rotterdam The Netherlands	Dutch
Signature:			Date:

Full Name (First, Middle, Last)	Residence Address (City, State, Country)	Post Office Address (Street, City, State, Country)	Citizenship
Frans Jan Willem Koper		Erasmus Medical Center Internal Medicine 3015 GD Rotterdam The Netherlands	Dutch
Signature:			Date: